

R. C. Kessler, B. Ustun (eds): The WHO world mental health surveys. Global perspectives of mental health surveys

Cambridge University Press, New York, First Edition, 2008

Nese Direk · Henning Tiemeier

Received: 24 February 2010/Accepted: 5 March 2010/Published online: 4 April 2010
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This book, edited by Ronald C. Kessler and Bedirhan Ustun, summarizes recent WHO Mental Health surveys. Part 1 explains the study designs and, surprisingly at this point, addresses critiques of the present surveys. Part 2 gives the specific results from 6 developing and 11 developed countries. Treatment rates, lifetime prevalence rates, and age of onset of diseases are emphasized. Information on the mental health care systems is also provided. It is intriguing to read results such as those from Nigeria, where surveys were conducted in 4 languages. Nigeria has the lowest lifetime prevalence rate of mood disorders in all countries studied. It is interesting to read that the prevalence rates of Post-Traumatic Stress Disorder in Lebanon after 3 decades of war are lower than in the USA. Part 3 is devoted to cross-national comparisons demonstrating, once more, that delays and failure to seek treatment remain problems in psychiatric care worldwide. Finally, the editors again discuss the rationale and limitations of the surveys in part 4. As much, the efforts to answer critiques are found throughout the book and come over as defensive.

The relevance of these large cross-national WHO surveys to increase awareness of mental disorders, to reduce stigma and to provide information to the policymakers cannot be denied. Besides, the present surveys provide novel data on disease severity and treatment adequacy; most importantly, many surveys are the first representative population-based studies in their countries.

N. Direk (✉) · H. Tiemeier
Department of Epidemiology, Erasmus Medical Centre,
PO Box 2040, 3000 CA Rotterdam, The Netherlands
e-mail: n.direk@erasmusmc.nl

H. Tiemeier
Department of Child and Adolescent Psychiatry,
Erasmus MC, Rotterdam, The Netherlands

And yet, the sixty-four-thousand dollars question is avoided. “Do we need more WHO mental health surveys?” Arguably, the mission of raising awareness of mental health problems is never fulfilled, and policymakers will always need up-to-date prevalence data. Nonetheless, the prevalence rates in these systematic surveys in the various countries have become predictable, although they may be underestimated especially in Non-Western countries. Once again, the editors discussed that the CIDI most likely suffers from a cultural bias and, possibly, from recall bias as lifetime prevalence is estimated retrospectively [1, 2]. Instead, policymakers should be provided with aetiological and prognostic information. Other policymakers would certainly be interested in time trends. We can only hope that the editors achieve their goal and WHO work will be expanded with trend surveys.

The WHO played safe again, but cross-national surveys of adult mental health certainly remain their vintage winner.

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